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## Patient Approval for Prosthesis Fabrication

Patient Name \_\_\_\_\_

### Denture

Date	Upper/Lower (circle one)	Patient's Signature of Approval
_____	Wax Bite Satisfactory	_____
_____	Wax Try-in with Teeth	_____
	Color	_____
	Shape	_____
	Bite (occlusion)	_____

### Partial Denture

Date	Upper/Lower (circle one)	Patient's Signature of Approval
_____	Wax Bite Satisfactory	_____
_____	Wax Try-in with Teeth	_____
	Color	_____
	Shape	_____
	Bite (occlusion)	_____

Crown/Bridge/Laminate (circle one)      Teeth #'s \_\_\_\_\_

Patient's Signature of Approval

Shade, Occlusion, contact, Color, Esthetics

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